

Evidence Discussion (SP 3)

X-rays provide critical information that cannot be obtained with advanced imaging modalities and remain central to providing optimal care for spine patients.^{2,3,5} Unnecessary CT scans increase patients' radiation exposure,⁸ however, is the initial imaging for patients involved in trauma with a high-risk factor for cervical spine injury.⁹ Additionally, for patients with diffuse idiopathic skeletal hyperostosis (DISH) or ankylosing spondylitis with a history of low-energy trauma, whole spine MRI or CT imaging is mandatory due to the high prevalence of acute fractures and the low specificity for fracture detection on radiographs.^{6,7} The American College of Radiology (ACR) Appropriateness Criteria for Cervical Neck Pain or Cervical Radiculopathy (revised 2018) indicates that in the absence of red flag symptoms, early advanced imaging may not be required as abnormal findings are not uncommon in asymptomatic patients and correlate poorly with the presence of neck pain.²

References

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